

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10583416

FILING DATE

6-16-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1		1				
2		1		1			
3	1						
4	3						
5	0						
6	0	1		1			
7	0			1			
8	0			1			
9	0			1			
10	0			1			
11	0						
12	0						
13	0						
14	0						
15	0						
16	0						
17	0						
18	0						
19	0						
20	0						
21	0			1			
22	0						
23	0						
24	0						
25	0						
26	0						
27	0						
28	0						
29	0						
30	0						
31	1		1				
32	1						
33	1						
34	0						
35	0						
36	0		1				
37	0			1			
38	0						
39	0						
40	0						
41	0						
42	0						
43	1		1				
44	1						
45	0						
46	1		1				
47	0						
48	0						
49	0						
50	0			1			
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	51	0	0	0	1		
52	0	0					
53	0	0					
54	0	0					
55	0	0					
56	0	0					
57	0	0					
58	0	0					
59	0	0					
60	0	0					
61	0	0					
62	0	0					
63	0	0					
64	0	0					
65	0	0					
66	0	0					
67	0	0					
68	0	0					
69	0	0					
70	1						
71	1						
72	1						
73							
74							
75							
76							
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93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.	7	4					
TOTAL DEP.	68	17					
TOTAL CLAIMS	75	21					